Effective October 1, 2001 100 3 4435													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			19					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILEO		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			19 minus 20=		• 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		. 5			X42=	84	OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, en					r "0" in d	olumn 2	į	TOTAL	454	OR	TOTAL		
	C	LAIMS AS A			•	OTHER	THAN						
(Column 1) (Column 2) (Column CLAIMS HIGHEST						(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 19	Minus	• 0	20	= /		X\$ 9=	,	OR	X\$18=		
	Independent	• 5	Minus	ett SENIOENI	5		$\{\ [$	X42=		OR	X84=	7	
	FIRST PRESE	NIAHON OF MC	JLIPLE DE	PENDEN	CCAIM		1	+140=,		OR	+280=	7	
	٠.				•		L	TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE		
١	2/19/05 (Column 1) (Column 2) (Column 3)							ODII. FEE			NUDII. FEEI		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 19_	Minus	. 7	Q] [X\$ 9=		OR	X\$18=		
	Independent	• 5	Minus	the CNDEAG	<u>5</u>	<u> </u>	41	X42-		OR	X84=		
	PINST PRESE	MIAHON OF MC	JETIPLE DEF	CHUCH	CLAIM		3	+140=		OR	+280=		
							<u>ا</u>	TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)								JO71: 1 LG					
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA][RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus:	**		c] [X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=-]	X42=		00	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
+140=										OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **TOTAL OR ADDIT. FEE **ADDIT. FEE													

Application or Docket Number